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## \*BIBDATASHEET\*

CONFIRMATION NO. 1320

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/499,468	<b>FILING OR 371(c) DATE</b> 02/07/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> PF112U1	
<b>APPLICANTS</b> Ralph Alderson, Gaithersburg, MD; Robert Melder, Gaithersburg, MD; Viktor Roschke, Rockville, MD; Steven M Ruben, Olney, MD; Craig A Rosen, Laytonsville, MD;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/119,179 02/08/1999 and claims benefit of 60/119,926 02/12/1999 and claims benefit of 60/137,796 06/03/1999 and claims benefit of 60/171,505 12/22/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/24/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 28730					
<b>TITLE</b> USE OF VASCULAR ENDOTHELIAL GROWTH FACTOR TO TREAT PHOTORECEPTOR CELLS					
<b>FILING FEE RECEIVED</b> 1354	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		